

Form CPF 102ND: Campaign Finance Report Office of Campaign and Political Finance RECEIVED

Commenweith of Massachusetts	CITY CLERK'S OFFICE
File with: Director Office of Campaign and Political Finance	2009 QCJr215#P 4: 03
One Ashburton Place Boston, MA 02108	BOSTON, MA
Please print or type all information, exc	cept signatures.
Fill in dates: Reporting Period Beginning 9 -/6 - 2009	Ending 10 -16 - 2009
Type of report: (Check one) ☐8th day preceding primary ☐8th day preceding election ☐year-en	d report □dissolution □30 days after special election
	YANCEY COMPITTED
Charles C. Jancey P.	O. B ex 96/902
BOSTON 174 COUNCILLOR D4	Name of Committee Treasurer AMES WILLIAMS
Residential Address	Committee Mailing Address
3 HOOPER ST. BOSTON 617-436-4444 Tel. No. (optional)	B & 961902 BOSTON HA OZIAL Tel. No. (optional)
Line 1: Ending balance from previous r Line 2: Total receipts this period (page 2, Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 2, Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this per Line 7: Total (all) outstanding liabilities (page 2, Line 8: Name of bank(s) used Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of in finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this commission of period of the commission of period of the commission of the period of the period of the period of the period of the commission of the period of	sage 3, line 14) Sage 4) Sage 50 Sage 4) Sage 4) Sage 50 Sage 4) Sage 50 Sage 50 Sage 50 Sage 60 Sage 70 Sag
Treasurer's signature (in ink)	Date
Affidavit of Candidate: (check 1 box only) [2] Candidate with Committee and no activity independent of the committee I certify that I have examined this report, and attached schedules, and it is, to the best of my k finance activity, of all persons acting under the authority or on behalf of this committee in ac contributions, incurred any liabilities nor made any expenditures on my behalf during this rep Candidate without committee OR Candidate with independent activity filing separa I certify that I have examined this report, and attached schedules and it is, to the best of my kr finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this comm Signed under the penalties of perjury Candidate's signature (in ink)	cordance with the requirements of M.G.L. c. 55. I have not received any orting period, the report and the report and the report and the report and complete statement of all campaign contributions and liabilities for this reporting period and represents the little in accordance with the requirements of M.G.L. c. 55.



Form CPF 102ND: Campaign Finance Report Office of Campaign and Political Finance

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File with: Director	777 T77 H
Office of Campaign and Political Finance One Ashburton Place	CPF ID#
Boston, MA 02108	
(617) 727-8352 Please print or type all inform	mation, except signatures.
Fill in dates: Month Cate Yes Reporting Period Beginning September 5, 2009	Month Date Year Ending October 16, 2009
Type of report: (Check one) ☐8th day preceding primary ☐8th day preceding election	□year-end report □dissolution □30 days after special election
Charles C. Yancev	Yancev Committee
Full Name of Candidate	Committee Name
Boston City Councillor District Four	James Williams
Office Sought/District	Name of Committee Treasurer
3 Hooper Street Boston, MA 02124	P. O. Box 961902 Boston, MA 02196
Residential Address	Committee Mailing Address
617-436-4444	617-436-4444
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi Line 8: Name of bank(s) used	\$\frac{1,335.00}{\$\\$34,818.77}\$\$\teriod (page 3, line 14) \$\frac{1,260.00}{\$\\$33,558.77}\$\$\this period (page 4) \$\frac{0}{\$\\$2,850.00}\$\$
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to finance activity, including all contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behalf o Signed under the per	
finance activity, of all persons acting under the authority or on behalf of this co contributions, incurred any liabilities nor made any expenditures on my behalf d Candidate without committee OR Candidate with independent activity Certify that I have examined this report, and attached schedules and it is, to the	best of my knowledge and belief, a true and complete statement of all campaign ministee in accordance with the requirements of M.G.L. c. 55. I have not received any uring this reporting period. filling separate report best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name, CPF ID# and a

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
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	See Attaches			
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			-	
Line 9:	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD	1,335	00	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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Adams-Vanlandingham E. Glim <u>ore</u> Preside	Last	
President	Jamuary-1-through-Se Occupation Em	
3 Community De2	ugh-September-4 Employer	
gham 36 Warwick Street President Community De26 Mount Vernon Street	Jamuary_1_through_September_4_2009 Contributions Occupation Employer Address1	
'	- ਙ	
Boston Cambr <u>ide</u>	City	
MA O	3tate	
2120 2140	Zip 20	•
Boston MA 02120 \$25.00 Cambridge MA 02140 \$500.00 Nation MA 01750 \$100.00	Ire City State Zip 2009amt2ndrep	

2009Date2n/2009condate

First

10/9/2009 10/15/2009 10/16/2009 10/13/2009 10/13/2009 10/9/2009 10/16/2009
Beverly Marvin John Jack Micheal Juan
Adams-Vanlandingham E. Gilm <u>ore</u> Pre- R. Jenkins Pre- McKenna Pre- Posey MarceMarcelino
sident sident sident
36 Warwick Street Community <u>De26 Mount Vernon Street</u> West Insuranc 157A Hartford Street Boston Fire Fiç55 Hallet Street 325 Huntington Ave., Suite 59 GreenbergTratOne International Place
Boston Cambridge Natick Boston Boston Boston
MA 02120 Je MA 02140 MA 01760 MA 02124 MA 02115 MA 02110
\$25.00 \$100.00 \$100.00 \$500.00 \$10.00 \$200.00

\$1,335.00

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name, CPF ID#

and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun	ıt
	<i>Q</i>	is Si	Kelule B		
		att	ashed		
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	•				
		· · · · · · · · · · · · · · · · · · ·			
		Line 12: Expenditures over \$50			_
-			13: Expenditures \$50 and under*		
	Enter on page 1, line 4	Line	14: TOTAL EXPENDITURES	1,260 6	S (

^{*} If you have itemized expenditures \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized above.

Yancey Comm.	Schedule B -Disbursements September 5, 2009 to October 19	6 2009 Disbur	rsements			
Date of check	Payee	Street	City	State	Purpose	Total Exp.
September 27, 20	09 courtyard Marriot		Washington	DÇ	National Black Caucus	\$680.66
September 30, 20			•		cell phone	\$167.44
	09 American Cancer Society				Donation	\$50.00
	09 Connally Committee		Boston	MA	Caribbean Breakfast Recept	\$62.50
	09 Planet Storage		Boston	MA	Storage	\$300.00
COUNT OF Date of che	ck:		5			
TOTAL Total Exp.:					\$ <u>1,2</u> 60.60	

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		, ,		
			-	
<u></u>				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	1
	Enter on page 1, line 6	Line 17:	Total In-kind	10

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contributor has given an aggregate amount of \$200 or more in a calendar year, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		See A.	lected	
		S	24 D	
				1
	Enter on page 1, line 7	Line 18: OUTSTANDIN	G LIABILITIES (ALL)	12850.

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.

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YANCEY COMMITTEE

 Schedule D: Liabilities as of October 16, 2009

 Arroyo, Felix
 11/6/2007 \$ 100.00

 Turner, Chuck
 11/6/2007 \$ 100.00

Yoon, Sam 11/6/2007 \$ 100.00

Yancey, Charles various \$ 2,550.00

Total \$ 2,850.00